



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 2/4/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of outpatient right second to fifth (2nd-5th) tarsometatarsal (TMT) steroid injections.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of outpatient right second to fifth (2nd-5th) tarsometatarsal (TMT) steroid injections.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Injury mechanism was that the patient was walking and the right foot twisted and flipped in relationship to a large cord on the floor. The most recent records are dated December 19, 2014 these clinical notes reveal that the patient was following up with regards to a fifth metatarsal fracture of the right foot. A recent CT scan revealed a healed fracture "with midfoot arthritis." The patient was reported to have persistent midfoot pain. "She is currently not taking any pain medication." Exam findings included that fairly normal gait with some diffuse tenderness along the dorsal and dorsolateral portion of the midfoot. There was normal range of motion. Diagnoses included that of a fracture and a midfoot sprain. Injections, NSAIDS, an arch support and return to work were felt indicated

by the treating provider. The November 13, 2014 dated CT scan of the foot revealed a healed fracture and LisFranc midfoot arthritis across 2-5 TMT joints. Denial letter(s) documented the lack of guideline support for such injections.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The reference clinical guidelines do not support the prospective medical necessity of this request. The rationale for this opinion is that long-term large find studies have not been documented to support such injections. In addition, there has not been documentation of recent and comprehensive less invasive treatment trial and failures.

ODG Foot/Ankle Chapter:

Intra-articular corticosteroids: Not recommended. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better post-injection response. (Ward, 2008)
Evidence is limited. (Colorado, 2001)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)